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Items of Interest:

Rear Adm. (lower half) Michael H. Mittelman is being assigned as director of Medical Resources, Plans, and Policy Division, N931, Office of the Chief of Naval Operations/ director of the Medical Service Corps, Washington. Mittelman is currently serving as deputy chief of Human Resources, M1, Bureau of Medicine and Surgery/ Director of the Medical Service Corps, Washington.

Rear Adm. (lower half) (selectee) Richard C. Vinci is being assigned as commander, Navy Medicine Support Command/chief of the Dental Corps, Bethesda, Md. Vinci is currently serving as medical inspector general for Bureau of Medicine and Surgery, Bethesda.

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Honoring Navy Heroes Naval School of Health Sciences Unveils First-of-its-Kind Memorial for Fallen Corpsmen

By Mass Communication Specialist
Seaman Shannon K. Cassidy, Fleet
Public Affairs Center Pacific

SAN DIEGO – The Naval School of Health Sciences (NSHS) here unveiled the first-of-its-kind memorial June 15 to honor hospital corpsmen who have died in the line of duty since Sept. 11, 2001.

The memorial, created by NSHS staff corpsmen, is a replica of a Soldier's battlefield grave from the World War II era and consists of an M-16 rifle, helmet, boots and dog tags, all cast in copper, and includes the tools of a corpsman: stethoscope, bandages and tape.

"Today, we are here to remember our fallen brothers and sisters who gave the ultimate supreme

sacrifice, and those among us who will also fall," retired Rear Adm. James A. Johnson, Medical Corps, said during the ceremony.

As of June, more than 30 Navy corpsmen have perished in the global war on terror since the 9/11 terrorist attacks. As the Navy and Marine Corps' enlisted medical specialists, corpsmen are the primary caregivers for Sailors at sea and combat Marines in the field.

The three NSHS staff members who crafted and designed the memorial are Hospital Corpsman 2nd Class Leeann Weeden, Hospital Corpsman 2nd Class (FMF) Wilson Ospina and Hospital Corpsman 3rd Class Joseph Tonti. For Ospina,

(Continued on page 3)



PUERTO BARRIOS, Guatemala - Hospital Corpsman 3rd Class Edward Mace, attached to Military Sealift Command hospital ship USNS Comfort (T-AH 20), crafts new eyeglass lenses at the Puerto Barrios National Hospital June 28. U.S. Navy photo by Mass Communication Specialist 2nd Class Steven King

Secretary of Navy Tours Hospital Ship During Humanitarian Mission

By Mass Communication Specialist Seaman Apprentice Jeff Hall, USNS Comfort Public Affairs

BAY OF AMATIQUE, Guatemala - Secretary of the Navy Donald C. Winter visited with service members aboard Military Sealift Command (MSC) hospital ship USNS Comfort (T-AH 20) while anchored in the Bay of Amatique, June 27, to show the Navy's support for the ongoing humanitarian mission.

Winter toured Comfort's casualty receiving area, operating rooms, intensive care unit, dental facilities and the biomedical equipment lab. His visit also included lunch with the crew and several discussions with different departments around the ship.

"I want to tell the Navy how proud we all ought to be of the work that is being done here," said Winter. "The impact the Comfort is having, not only on the communities down here, but also on the whole world, is tremendous. People are looking to see what our Navy, and our nation, is capable of doing."

Comfort is on a four-month, 120-day humanitarian assistance deployment to the Latin America and the Caribbean. Comfort is owned by the U.S. Navy's Military Sealift Command and operated and navigated by 68 civil service mariners employed by MSC. During the deploy-



CARIBBEAN SEA - Secretary of the Navy (SEVNAV) The Honorable Donald C. Winter speaks with the crew during lunch aboard Military Sealift Command hospital ship USNS Comfort (T-AH 20) June 27. U.S. Navy photo by Mass Communication Specialist 2nd Class Steven King

ment, Comfort is under the operation control of U.S. Naval Forces Southern Command, and tactical control of Destroyer Squadron 24.

Harpers Ferry, Royal Thai Navy Practice Medicine Together

By Mass Communication Specialist 3rd Class Mark Alvarez, USS Harpers Ferry Public Affairs

GULF OF THAILAND - Dock landing ship USS Harpers Ferry (LSD 49) played a multifaceted role in a joint Royal Thai Marine and U.S. Marine amphibious raid exercise June 25 as a part of Cooperation Afloat Readiness and Training (CARAT) 2007.

CARAT is an annual series of bilateral maritime training exercises between the United States and six Southeast Asia nations designed to build relationships and enhance the operational readiness of the participating forces.

Harpers Ferry acted as the staging point for the raid, launching combat rubber raiding craft with 40 Royal Thai Marines and 15 Marines from the 3rd Marine Expeditionary Force's Special Operations Training Group to engage in a practice raid neutralizing a terrorist base of operations.

As a part of the comprehensive exercise, there was a simulated

casualty during the raid. The Royal Thai Navy launched an SH-60 Seahawk helicopter to recover Royal Thai Marine Sgt. Samathi Paochareon, who suffered a simulated gunshot wound to the abdomen, and bring him to Harpers Ferry.

"I was amazed at how fast the Navy medical personnel responded to the situation and got me into treatment," said Paochareon. "If I were to ever get injured in the field, I would want them to be the ones who would help me."

Paochareon was met on the flight deck by Harpers Ferry's emergency medical response team, comprised of a hospital corpsman second class and four stretcher-bearers from other ratings.

"This exercise helps to show how everyone is involved in CARAT as a whole," said Yeoman Seaman Apprentice Alex J. Werner. "I spend my days in the captain's office doing paperwork, but as a stretcher bearer I have a chance to play an active role in this multinational, multiservice CARAT exercise."

The stretcher bearers moved Paochareon to Harpers Ferry's Main Battle Dressing Station (BDS), located in the ship's medical ward, to triage the patient. There they simulated giving him intravenous fluid, assessing his wounds and other important procedures performed when treating a patient with an abdominal wound.

"It was good interoperability with the Royal Thai helicopter, the Royal Thai Marines, the Royal Thai medical ship riders, to see how we do things," said Harpers Ferry Medical Doctor Lt. Terrence M. Kilfoil. "I hope they can take some of our protocols and implement them in the Royal Thai Navy and Marines, maybe save some lives."

This exercise was also a chance for Harpers Ferry to train its medical personnel in an unusual scenario. Once Paochareon was in the Main BDS, Kilfoil directed and quizzed his corpsmen in the proper procedures for treating the patient, giving them more valuable training.

NH Bremerton Graduates Family Medicine Residency Students

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs Office

**NAVAL HOSPITAL BREMER-
TON, Wash.** - Six plus six adds up to a lot more than just a dozen. Especially concerning the 2007 graduating class of Puget Sound Family Medicine Residency program at Naval Hospital Bremerton. Half-a-dozen Family Medicine first year residents and an equal number of Family Medicine third year residents were duly recognized at Naval Hospital Bremerton's (NHB) Family Medicine Resident Graduation Ceremony, on June 29.

"This is an important milestone, for one of our primary missions at NHB is providing graduate medical education for family physicians," said Capt. Ronald F. Dommermuth, MC, and Program Director, Puget Sound Family Medicine Residency. "After three rigorous years, we have six of the world's finest deployable family physicians. They have advanced their own skill level, plus those around them. We also

have five going on to their next year here and they are a very talented group."

"Congratulations on now being independent practitioners," commented Capt. Robert F. Wilson, MC, guest speaker, addressing the graduating class. "Up to this point, the challenges have all been singular in surviving the residency. Now, there will be multiple challenges. There will be briars and brambles in the path. You will be called upon to support the Global War on Terror. You are unmatched in your dedication of calling and are all remarkable."

Family Medicine Third Year Residents graduating are: Lt. Cmdr. Eric M. Buenviaje, MC, with new duty station to be determined; Lt. David A. Duncan, MC, with new duty station at Branch Medical Clinic, Iwakuni, Japan; Lt. Erica S. Grogan, MC, with new duty station at Branch Medical Clinic, Iwakuni, Japan; Lt. Barbara G. Hoover, MC, with new duty station at Branch Medical Clinic, Bangor WA; Lt. Mi-

chael L. McCord, MC, with new duty station at U.S. Naval Hospital, Okinawa, Japan; and Lt. Leslie A. Waldman, MC, with new duty station at U.S. Naval Hospital, Guam. Waldman also received the Residency Teacher Award for 2007, as the top teacher in her class.

Family Medicine First Year Residents are: Lt. Justin S. Clark, MC, USN, with new station at 3rd Mar Div Fleet Marine Force Pac Okinawa, Japan; Lt. Kelly G. Koren, MC, with new duty station continuing residency at NHB; Lt. Marcy G. Lake, MC, with new duty station continuing residency at NHB; Lt. Dawn M. Long, MC, with new duty station continuing residency at NHB; Lt. Malcolm C. Masteller, MC, with new duty station continuing residency at NHB; and Lt. John S. Robertson, MC, with new duty station continuing residency at NHB.

Memorial continued...

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serving in combat inspired his work on the memorial.

"My experience in the battlefield impacted my feelings about this memorial," said Ospina. "To be able to share your life with someone, and in an instant, you find yourself fighting to save that life. That's what this is about."

Hospital Corpsman 3rd Class Nerwin A. Sevilleja serves at NSHS's headquarters command, the Navy Medicine Support Command in Jacksonville, Fla., and heard about the memorial unveiling.

"I think it's great that our fellow corpsmen are being honored for their service," said Sevilleja, a medical staff specialist in the Centralized Credentials and Privileging Department. "It's a reminder of the role I and other corpsmen play in

this global war on terrorism. Being a corpsman is a demanding job, and this memorial shows how we are willing to take an extra step for our fellow shipmates and for our country."

"Navy corpsmen are our right hand," said Rear Adm. Nancy Les-cavage, a Navy nurse and director of TRICARE Region West. "They go into harms way with such dedication. They are our heroes, and I wouldn't be anywhere else but here today to honor our fallen."

"It takes an incredible amount of dedication and passion to serve this country," added Capt. Robin T. McKenzie, NSHS commanding officer and a Navy nurse. "Navy corpsmen are the center of Navy Medicine. They are the 'Doc.' The Marine Corps will not go without their 'Doc,' and a corpsman will not leave without his Marine."



NAVAL SCHOOL OF HEALTH SCIENCES

SAN DIEGO - Sailors take time out of their regular school schedule to look at the new memorial, which was created by School staff and students, to honor fallen Operations Enduring Freedom/Iraqi Freedom Hospital Corpsman as a part of the Global War on Terrorism Hospital Corpsman Memorial dedication ceremony held in the School Atrium on Friday, June 15. *US Navy Photo by MC2 (AW) Greg Mitchell*

Corpsmen Integrate with Australian Medics for TS07

By Mass Communication Specialist
1st Class James E. Foehl, Talisman
Saber Combined/Joint Public Affairs

SHOALWATER BAY, Australia

- Twelve U.S. Navy Sailors assigned to the 3rd Medical Battalion, from Okinawa, Japan, are augmenting the Australian Defense Force, 1st Health Battalion, with a Forward Resuscitative Surgical Suite (FRSS) at a forward deployed field hospital here June 18 to July 2, during Talisman Saber 2007 (TS07).

"We've integrated with the Australian army medics. As patients come in, they go to the Australian resuscitation bay," said Hospital Corpsman 2nd Class Randolph Bazile, assigned to FRSS, 3rd Medical Battalion. "There they determine whether [the patient] needs surgery. If they do decide to operate, they go to our pre-op area, we prepare them for surgery, patch them up and get them out."

The FRSS is comprised of seven U.S. Navy Hospital Corpsmen and five medical officers, who provide the 1st Health Battalion forward operating field hospital with added capability and capacity.

"We have much greater capabilities, both in the volume of assets and the type of care we can administer," said Lt. Cmdr. Nathan Fernandez, FRSS general surgeon.

According to Fernandez, FRSS personnel were originally slated to set up independently but after collaborating with the Australian forces on station, a decision was made to collocate with 1st Health Battalion's field hospital to allow maximum real-time combat health support to the deployed units of U.S. and Australian ground forces operating in the area.

The mission of the 1st Health Support Battalion, from Sydney, Australia, is to provide real-time combat health support to deployed units of U.S. and Australian ground forces in theater and is comprised of three companies: Clinical Company, Clinical Support Company and Operations Support Company.

"The Clinical Company is the guts or the main effort of the battalion in achieving our mission," said Australian Defense Force Lt. Col. Richard Mallet, commanding officer, 1st Health Support Battalion. "They are the ones that receive

casualties. If we have someone who gets shot, blown up, a broken leg or bitten by a snake, they're going to get treated by Clinical Company."

Made up of more than 80 personnel, and the integrated FRSS, the majority of Clinical Company are medics who operate within the field hospital.

"Clinical Company is being augmented by a Forward Resuscitative Surgical Suite from the U.S. Navy, which is fantastic. That gives me a second surgical team," said Mallet. "Instead of having one surgical team, I have two."

Providing medical services support for the Clinical Company, the Clinical Support Company consists of more than 20 personnel and serves as a key component to the 1st Health Battalion.

"If you need to have an X-ray, blood taken and tests run on it -- if you need to see the dentist, chaplain or primary health care for a cough or a cold, that's Clinical Support Company," said Mallet.

TS07 is a U.S. and Australian-led joint task force operation preparing both militaries for crisis action planning and execution.

Fleet Surgical Team 1 Begins Philippine Portion of Pacific Partnership

By Mass Communication Specialist 3rd Class Patrick M. Kearney, USS Peleliu Public Affairs

USS PELELIU, At Sea - Members of the San Diego-based Fleet Surgical Team (FST) 1 began treating patients from the Bicol Region of the Philippines on June 22 in support of Pacific Partnership.

FST 1 is deployed on USS Peleliu (LHA 5) for the four-month humanitarian assistance mission. They will work in conjunction with non-governmental organizations (NGOs) and health professionals from Canada, India, Japan, Republic of Korea, Malaysia and the Philippines to render aid to the local population.

"We bring surgical capabilities to Peleliu, which doesn't have a surgeon of its own," said Hospital Corpsman 1st Class (SW) Katesha Payne, FST 1 leading petty officer. "We bring surgeons, nurses and operating room technicians to augment the ship's medical department."

The members of FST 1 are comprised of 20 individuals selected because of their expertise in specific areas of medicine. Led by a general surgeon, the team also has operating room technicians, intensive care nurses, a res-

piratory therapist, an X-ray technician, lab technicians and hospital corpsmen who are available 24 hours a day.

During this phase of the mission, patients will be brought to the ship for care. Members from FST 1, along with health care volunteers and professionals from the Philippines, partner nations, NGOs and members from the U.S. Army and Air Force will see up to 20 patients daily for routine surgical procedures.

"Seeing the patients leave the ship in a better condition than when they came here is satisfying," said Chief Hospital Corpsman Ron Obdulio, FST 1 leading chief petty officer. "It's really nice for me because this [the Philippines] is where I'm from and it's something that I've always wanted to do -- give back."

"This is my first time participating in a humanitarian mission and it's very exciting," said Hospital Corpsman 3rd Class Tiffany Shorey. "I'm very happy to be here. This is an opportunity of a lifetime, and I'll remember this forever."

FST 1 and Peleliu are scheduled to return to San Diego in September.

Reserve Nurse Pitches in During Deployment Peak *Family Values Stimulate Focus on People's Needs*

By Bill W. Love, Naval Hospital Corpus Christi Public Affairs Office

NAVAL HOPITAL CORPUS CHRISTI - Last summer the total number of deployed Naval Hospital Corpus Christi (NHCC) individuals comprised 25 percent of the command's active duty staff. July and August 2006 were the busiest months for 44 members preparing to join 25 others who were already overseas – all in support of Global War on Terror (GWOT) missions.

Despite this critical war fighting readiness, the remaining NHCC staff continued to deliver superior beneficiary service, due in no small measure to naval reservists' help.

According to the hospital's Director for Administration, Lt. Cmdr. Gerard J. Woelkers, MSC, the 23 reservists mobilized for duty during that time frame were invaluable in supplementing various NHCC departments and clinics.

"Without mobilized reservists," Woelkers acknowledged, "we would be unable to provide the continuity of quality health care that our beneficiaries are accustomed to receiving."

Each of the corpsmen, doctors or nurses from various walks of life arrived and figured into the NHCC staff equation with a common denominator – contribute to the team effort.

Lt. Cmdr. Jeffery Jack, USNR, was one of those nurses.

Activated for nearly a year, in August 2006 he left his intensive care unit duties at the Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center in Wichita, Kansas to pitch in.

Jack said that he wanted to do whatever he could to help, so it is no wonder that he welcomed his Pediatrics assignment and quickly immersed himself in carrying out clinic manager duties.

From the start, he realized what an exceptional group of medical professionals he worked with, his new crew routinely assisting young patients and parents alike with an extra measure of care. But what impressed him most was their unity – something he described as a "real sense of family, going beyond any team."

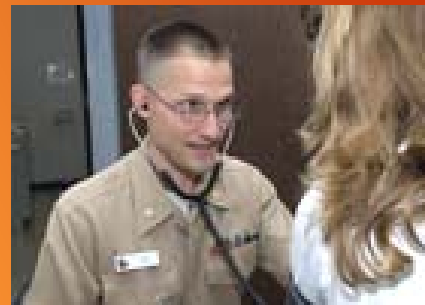
Jack's appreciation for and focus on harmony, and a family kind of atmosphere in his new Navy surroundings, is not difficult to understand.

His dad is a Vietnam era Navy veteran, his twin brother is also a Navy Nurse, and his younger brother was a Navy Corpsman. But his wife, Heidi, and their two children provided the inspiration for him to absorb himself in active duty service. They packed up, left their home in Clearwater, Kansas, and accompanied him to Texas for the duration, "without a second thought," he gratefully proclaimed.

According to Jack, doctors and nurses teaming up help create an advantageous setting that benefits the patient and parent as well as the provider.

That's why Jack believes that it is important to be in the room with the provider because, "while the doctor is focusing on the child, the nurse can interact with the parent and perform as a buffer by creating a more comfortable atmosphere."

In his opinion, working together with the parents is vital because, "there are more dynamics...they



NAVAL HOSPITAL CORPUS CHRISTI -

Lt. Cmdr. Jeffery T. Jack, Nurse Corps, USNR, attends to a young patient at NHCC Pediatrics Clinic June 22. A mobilized reserve from Clearwater, Kansas, Jack was assigned to the NHCC team from August 2006 to May 2007. He reported to the Pediatrics Clinic during the peak of military staff deployment in support of the Global War on Terror (GWOT). *U.S. Navy photo by Bill W. Love*

need to know everything that is going on with their child."

Combining a good mix of care for the child and education for the parents about immunization, growth and development, and disease processes is also essential. Jack interjects that he does his utmost to ensure that parents clearly understand referrals and follow-ups, and that they leave the clinic feeling that NHCC gave their family the best health care possible.

Before the Jack family left NHCC and returned home to Kansas earlier this month he commended the Pediatrics staff and added, "You can see their [outstanding] results in the Interactive Customer Evaluation system comments."



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